

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

SHAWN PATRICK ELLIS

DEFENDANT

CABARRUS COUNTY SHERIFF'S OFFICE et al

COURT CASE NUMBER

22CV573

TYPE OF PROCESS

COMPLAINT, SUMMONS, NOTICE

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DAVID BRAD RILEY

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) By

7491 EDGEFIELD ROAD, CONCORD, NC 28026



SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

SHAWN PATRICK ELLIS  
11421 NC HIGHWAY 49 N  
MOUNT PLEASANT, NC 28124

Number of process to be served with this Form 285

1

Number of parties to be served in this case

4

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

RECEIVED

PLEASE SEE ATTACHED ORDER.

SEP 20 2022

US Marshals Service, M/NC

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

336-332-6000

DATE

9/20/22

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

4

District of Origin

No. 57

District to Serve

No. 57

Signature of Authorized USMS Deputy or Clerk

Jean Brodsky

Date

9/20/22

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

\$0.00

REMARKS:

delivered via certified mail

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DAVID BRAD RILEY**  
**7491 EDGEFIELD ROAD**  
**CONCORD, NC 28025**



9590 9401 0168 5234 3215 65

2. Article Number (Transfer from service label)

14 1820 0001 9378 6113

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below.

☐ No

RECEIVED  
 SEP 27 2022  
 US Marshals Service, NC

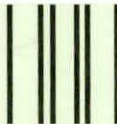
☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



CHARLOTTE NC 280

24 SEP 2022 PM 5 L



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9401 0168 5234 3215 65

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

**US MARSHALS SERVICE**  
**324 WEST MARKET STREET, SUITE 234**  
**GREENSBORO, NC 27401**  
**ATTN: TERESA BROOKSHIRE**

